

Testimony of Sanford I Finkel, MD
To the Policy Committee
Of the White House Conference on Aging
We Have Learned and Where We Need to Go: 2005 and Beyond
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My name is Sanford I. Finkel, MD. I serve as Chair of the National Coalition of Mental Health and Aging (NCMHA). Additionally, I am Senior Vice President of Medical Affairs at Council for Jewish Elderly in Chicago, Illinois and Clinical Professor of Psychiatry at the University of Chicago Medical School.

The recommendations that emanate from the White House Conferences on Aging (WHCoA) have resulted in legislation and/or policies that have profoundly and positively affected older people in this country, including those with mental health needs.

The 1951 White House Conference on Aging was an impetus for the founding major consumer organizations, including the National Council on Aging, and the 1961 White House Conference on Aging pointed directly to the ensuing Medicare and Medicaid legislation, ensuring support for health services for older Americans.

The 1971 White House Conference on Aging underlined the importance of research and, within a handful of years, the National Institute on Aging (NIA), with its emphasis on cognitive impairment, and the National Institute of Mental Health Center for the Research on Mental Health and the Aging were established.

Continued progress in mental health and aging resulted from a 1981 Conference on Aging. Over the ensuing decade the \$250 cap on outpatient mental health services under Medicare Part B was eliminated, and clinical psychologists and clinical social workers were reimbursed for care provision. Groundwork was laid for OBRA 87 with its upgrading of mental health services in long-term care facilities. Further, the White House Conference led directly to the establishment of a high-level Federal policy to investigate and enhance research in the area of Alzheimer's disease. In addition, increased focus on public information and prevention led to major initiatives on the part of NIA, NCOA, NIMH, and AARP.

In February 1995, the NCMHA conducted a White House Mini-Conference on Emerging Issues in Mental Health and Aging. The priorities developed at this mini-conference, which are outlined in the Margaret Gatz-edited, *Emerging Issues in Mental Health and Aging*, were brought to the White House Conference on Aging later that year, where three of the top ten resolutions adopted were on mental health. As a result, the 1995 WHCoA has led to greater attention on intergenerational issues and caregiving, as well as calling attention to the integration of mental health and physical health within primary care and other settings. Further, recommendations in the research arena encourage policies towards the 1990s being the "decade of the brain" with considerable research attention and emphasis on Alzheimer's disease and other dementing illnesses.

We now need to turn our attention toward the guaranteed increase in the number of people age 65 and older experiencing disability due to mental disorders, substance use, or cognitive impairment, particularly given the fact that the number of people in the United States over the age of 65 soon will grow from one in eight to one in five. This amplification paired with a longer lifespan, more time spent living in the community, and additional years in the workplace will result in a significantly decreased quality of life and level of functioning for a percentage of the population that is impossible to neglect. We hope that our resolutions aimed at supporting and assisting Americans with these disabilities will be considered.

While we certainly commend Dorcas Hardy and the Policy Committee's exploration of mechanisms to have the 2005 WHCoA put an even greater emphasis on implementation of recommendations, it remains the case that there are those who minimize the importance and impact of White House Conferences on Aging. However, the record clearly shows that many recommendations become law or policy, positively impacting our older Americans for generations to come.

Thank you.